

Definitions - SEBD and its overlap with disruptive and anti-social behaviour, mental health difficulties and ADHD

'SEBD' is an imprecise umbrella term, always difficult to define, although it is quite clear that many children and young people to whom the term is applied have complex and chronic difficulties, which place them at risk of school and wider social exclusion. The English government now acknowledges the importance of the social element and uses various arrangements of the letters 'E', 'B', 'S' and 'D', with 'BESD' now favoured by the DfES Special Educational Needs and Disabilities Division. Cole and Visser (2005)¹ point out that no recent full definition has been offered (and the Scottish Executive has been even more reticent). In fact a circular from 1994, still current at the end of 2006, offers the fullest English government definition of what this circular referred to as 'emotional and behavioural difficulties' [EBD]. Recent English government figures suggest c.150,000 children in mainstream and special schools and units, said to have significant SEBD³. Estimates are not available for elsewhere in the UK.

DfEE Circular 9/94², defines EBD by saying that the children's difficulties presented lie on a continuum between behaviour which challenges teachers but is within normal, albeit unacceptable, bounds and that which is indicative of serious mental illness. EBDs range from social maladaptation to abnormal emotional stresses. EBDs are persistent (if not necessarily permanent) and constitute learning difficulties. They may be multiple, and may manifest themselves in many different forms and severities. They may become apparent through withdrawn, passive, depressive, aggressive or self-injurious tendencies. They may have one or more causes, and may be associated with school, family or physical or sensory impairments.

Children with EBD, Circular 9/94 says, cover the range of ability found in mainstream schools, but generally behave unusually or respond in an extreme fashion to a variety of social, personal, emotional or physical circumstances. Their behaviour may be evident at the personal level (for example through low self-image, anxiety, depression or withdrawal; or through resentment, vindictiveness or defiance); at the verbal level (for example the child may be silent or may threaten, or interrupt, argue or swear a great deal); at the non-verbal level (for example through truancy, failure to observe rules, disruptiveness, destructiveness, aggression or violence); or at the work skills level (for example through an inability or unwillingness to work without direct supervision, to concentrate, to complete tasks or to follow instructions).

Many such children find extreme difficulty in trusting or forming relationships with peers or adults. Whether or not a child is judged to have emotional and behavioural difficulties will depend on the nature, frequency, persistence, severity or abnormality and cumulative effect of the behaviour, in context, compared to normal expectations for a child of the age concerned.

Circular 9/94 and the DFE 'Code of Practice on the Identification and Assessment of Special Educational Needs (1994 and revised code, 2001) stress that children with EBD have special educational needs. In the terms of the legislation, they have "learning difficulties" because they are facing barriers which cause them to have significantly greater difficulty in learning than most of their peers. These impediments affect their achievement and sometimes that of others. Some children's learning difficulties will have caused or aggravated their emotional and behavioural difficulties, often accompanied by a significant loss of self-esteem. Other children's emotional and behavioural difficulties may have given rise to their learning difficulties, by impeding access to the curriculum through, for example, the aggression, depression or hyperactivity they have displayed. Some children may be bright but frustrated or suffering from serious emotional disturbance.

SEBD are caused by many interacting factors. There is no automatic link between SEBD and any one social factor, but research shows that the prevalence of such difficulties varies according to sex, age, health and domicile. Rates are likely to be greater in inner cities; socially deprived families (for which a narrow notion of social class is not a good proxy); boys rather than girls, children with other learning, health or developmental difficulties; adolescents as opposed to younger children; and, amongst young children, those with delayed language development. While many children cope well with adverse circumstances and events, higher rates of emotional and behavioural difficulty are also likely to feature where there is or has been parental discord or divorce; mental health problems in other family members; neglect; or significant parental coldness or irritability towards the child.

Changing definitions

The Circular 9/94 definition remains useful but since then understanding of all the circumstances that contribute to 'EBD', the biological, the psychological and the social, has progressed. The work of the National Child Development Study on children born in one week in March 1958 shows clearly the correlation between educational failure/difficulties and 'social deprivation'. This can lead to low expectations of children from such circumstances, to stereotyping, which is always full of dangers. SEBDA stresses that the 'social' and the 'emotional' generally give rise to the 'behaviour' and should be stressed first.

What is central is the way in which potentially handicapping factors impinge upon the individual child. Some children come through grim circumstances relatively unscathed; we do not yet fully understand resilience. Those who end up properly designated as SEBD have internalised a damaged perception of themselves and this lies behind their negative response to others.

Those who work with children with SEBD structure their responses so that damage is not compounded. This is not 'understanding more and condemning less'. It is about valuing the child but not the behaviour, building up trust so that defences are lowered, so that the children feel in safe hands and can be helped to better ways to manage themselves and to learn.

Overlap with mental health difficulties, anti-social behaviour and ADHD

Cole and Visser (2005)¹ stress the overlap between definitions of SEBD and those applied to children said to have mental health difficulties/problems. It is also clear that many children depicted prominently in the media in 2004/05 (see SEBDA News Issues 3 to 6) as troublesome, disruptive or presenting anti-social behaviour, have SEBD as defined above (whether or not they have been formally diagnosed as

having special educational needs). Children diagnosed as having attention deficit hyperactivity disorders (ADHD) can often be depicted as having many SEBD traits.

Notes:

1. *Review of literature on SEBD definitions and 'good practice'* , written by Ted Cole and John Visser University of Birmingham, accompanying the 'Managing Challenging Behaviour' report published by OfSTED (2005) - www.ofsted.gov.uk.
2. Department For Education (1994) *The Education of Children with Emotional and Behavioural Difficulties, Circular 9/94*, London: DFE.
3. DfES PLASC figures - see DfES statistics.